

Patent

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S/PCE

In RE application of I. URATANI et al.

Case Docket No. NIT-332

JUN 20 2006

Serial No.: 10/082,326

Group Art Unit: 2141

For: STORAGE SYSTEM

Examiner: K. Shingles

Assistant Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total * 15	Minus ** 20	= 0
<input type="checkbox"/> First presentation of Multiple Dependent Claims		

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Rate	Additional Fee	Rate	Additional Fee
X 25	\$	X 50	\$
X 100	\$	X 200	\$
X 180	\$	X 360	\$
Total	\$	Total	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- A Credit Card Payment Form in the amount of \$\$790.00 is attached (for a Request for Continued Examination).
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.
 - Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 
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Date: June 20, 2006

06/22/2006 HALI11 0000006 501417 10082326

01 FC:1801 790.00 DA

The PTO did not receive the following listed item(s) A credit card form
\$ 790.00